

CONFIDENTIAL (When Filled In)

|                                                                                                                                                              |  |                            |                                                                    |                               |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--------------------------------------------------------------------|-------------------------------|------------------------|
| 1. NAME (last, first, middle)<br>MR<br>MRS<br>MISS                                                                                                           |  | 2. EXT.                    |                                                                    | 3. EMPLOYEE NUMBER            | 4. GRADE OR EQUIVALENT |
| 5. ORIG EOD (mo & yr)<br>Jan 1957                                                                                                                            |  | 6. DIRECTORATE<br>DDO      | 7. OFFICE/STAFF/DIVISION<br>NE                                     | 8. BRANCH                     | 9. SD<br>D             |
| 10. PLACE OF BIRTH (city and state)                                                                                                                          |  | 12. SOCIAL SECURITY NUMBER |                                                                    |                               |                        |
| 13. TRAINING REQUESTED (Use title shown in catalog)<br>Weapons & Defensive Driving (Tutorial)                                                                |  |                            |                                                                    | DATES<br>FROM 5 July 73 TO -- |                        |
| 14. DESCRIBE HOW THE REQUESTED TRAINING WILL ASSIST THE APPLICANT IN HIS PRESENT OR PROJECTED ASSIGNMENT<br>Will [redacted] for second tour after home leave |  |                            |                                                                    |                               |                        |
| 15. EDUCATION<br>HIGH SCHOOL<br>COLLEGE OR UNIVERSITY<br>DEGREE(S)                                                                                           |  |                            | 16. TYPE CLEARANCE HELD<br>SECRET<br>TOP SECRET<br>OTHER (specify) |                               |                        |
| 17. IF SCHEDULED FOR OVERSEAS, INDICATE DEPARTURE DATE                                                                                                       |  |                            |                                                                    |                               |                        |

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REQUEST FOR INTERNAL TRAINING

2-INSTRUCTOR'S COPY

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20. AGENCY-SPONSORED TRAINING COMPLETED BY APPLICANT

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21. PARTICIPANT IN THE LANGUAGE INCENTIVES PROGRAM ☐ YES ☐ NO

22. PREREQUISITES: (MLAT, foreign language proficiency, writing pre-test, etc.)

23. REMARKS

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